

USM 285 is a 5 part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 18-00416
DEFENDANT KIM SMITH	TYPE OF PROCESS Handbill

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
KIM SMITH

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)
28 Tierney Court Quakertown, PA 18951

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.
701 Market St.
Suite 5000
Philadelphia, PA 19106

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post the property by October 12, 2018.

Signature of Attorney other Originator requesting service behalf of:

☒ PLAINTIFF
☐ DEFENDANT
TELEPHONE NUMBER
215-627-1322DATE
8/21/18**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 8/21/18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **10/22/2018** Time **2:15** ☐ am ☒ pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee	Total Mileage Charges including out-of-pocket 94x.545	Forwarding Fee	Total Charges 51.23	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$51.23 \$0.00
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REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please retain promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/00